

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Lane Bowen

Signature of Treasurer

Mr. Lane Bowen

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">287615.28</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">414322.10</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">71052.88</span>	<span style="border: 1px solid black; padding: 2px;">685347.05</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">485374.98</span>	<span style="border: 1px solid black; padding: 2px;">972962.33</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">30059.28</span>	<span style="border: 1px solid black; padding: 2px;">517646.63</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">455315.70</span>	<span style="border: 1px solid black; padding: 2px;">455315.70</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 08 01 2013

To:

 M M / D D / Y Y Y Y Y  
 08 31 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

66416.72

637228.27

(ii) Unitemized .....

2136.16

23481.40

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

68552.88

660709.67

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

12500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

71052.88

673209.67

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1931.13

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

9000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1206.25

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

71052.88

685347.05

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

71052.88

685347.05

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1059.28	11807.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1059.28	11807.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	479132.99
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	19500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	19500.00
29. Other Disbursements .....	0.00	7206.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30059.28	517646.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30059.28	517646.63

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	71052.88	673209.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	19500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71052.88	653709.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1059.28	11807.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1059.28	9876.26

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Adams

Mailing Address 2217 Battleground Drive

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Healthcare Corp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416012

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Robert Adams

Mailing Address 2217 Battleground Drive

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Healthcare Corp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

08 / 30 / 2013

Transaction ID : C2425023

Amount of Each Receipt this Period

5000.00

See refund on next report

Full Name (Last, First, Middle Initial)

C. Robert Asztalos

Mailing Address 5013 Centennial Oak Circle

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asztalos & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.37

Date of Receipt

08 / 20 / 2013

Transaction ID : C2410714

Amount of Each Receipt this Period

128.12

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10128.12

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brad Barnes**

Mailing Address 2615 Falcon Knoll Ln

City State Zip Code  
 Katy TX 77494-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Green Acres of Baytown

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : C2409502**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brent Barraclough**

Mailing Address 10880 Village Loop

City State Zip Code  
 Redmond OR 97756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 JDL, Inc.

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2013

**Transaction ID : C2403343**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Harry Baum**

Mailing Address 10315 Johnson Drive

City State Zip Code  
 Shawnee KS 66203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sharon Lane Health Services

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : C2415439**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Harold Beebe**

Mailing Address 14 Northtown Dr  
Ste 202

City State Zip Code  
Jackson MS 39211-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delco Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 07 / 2013

Transaction ID : C2403587

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Harold Beebe**

Mailing Address 14 Northtown Dr  
Ste 202

City State Zip Code  
Jackson MS 39211-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delco Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 19 / 2013

Transaction ID : C2410711

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Abigail Benoit**

Mailing Address 629 Moresi Road

City State Zip Code  
Jeanerette LA 70544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Iberia North Healthcare Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.36

Date of Receipt

08 / 15 / 2013

Transaction ID : C2409504

Amount of Each Receipt this Period

158.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

683.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Abigail Benoit**

Mailing Address 629 Moresi Road

City State Zip Code  
 Jeanerette LA 70544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 New Iberia North Healthcare Center

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 27 2013

**Transaction ID : C2416686**

Amount of Each Receipt this Period

203.00

Full Name (Last, First, Middle Initial)

**B. Brad Bilbo**

Mailing Address 527 Charlotte Lane

City State Zip Code  
 Bremen GA 30110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cypress Health Group

Occupation  
 Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 01 2013

**Transaction ID : C2401910**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Linda Black-Kurek**

Mailing Address 7445 Liberty Woods Lane

City State Zip Code  
 Dayton OH 45459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Liberty Health Care Corporation

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 23 2013

**Transaction ID : C2414216**

Amount of Each Receipt this Period

1875.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2203.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Boerboom**

Mailing Address 1127 Vista Ridge Lane

City State Zip Code  
Shakopee MN 55379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Welcov Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : C2404880**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Susan S. Bourgogne**

Mailing Address 1018 South Union Street

City State Zip Code  
Opelousas LA 70570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416014**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lori Brunholtz**

Mailing Address 7361 N. 202nd E. Ave

City State Zip Code  
Owasso OK 74055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BKD, LLP

Occupation

Director, Health Care Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416015**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Elizabeth Casey**

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
 Westlake Village CA 91362-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

08 / 15 / 2013

Transaction ID : C2409495

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **B. Susan Chase**

Mailing Address 5374 Long Shadow Ct

City State Zip Code  
 Westlake Village CA 91362-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

08 / 15 / 2013

Transaction ID : C2409499

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **C. Donna Childress**

Mailing Address 1401 West Capitol Avenue  
 Suite 180

City State Zip Code  
 Little Rock AR 72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2013

Transaction ID : C2404881

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gail Clarkson**

Mailing Address 1539 Lochridge Road

City

Bloomfield Hills

State

MI

Zip Code

48302-0823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Medilodge Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : C2416713**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Helen Crunk**

Mailing Address 1208 N 14th Street

City

Nebraska City

State

NE

Zip Code

68410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mable Rose Estates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : C2413895**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Wayne Culp**

Mailing Address HMG Services

10003 Woodloch Forest Drive

City

Spring

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthMark Group, LTD

Occupation

VP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : C2410709**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Davis**

Mailing Address 1211 Macon Road Ste D

City State Zip Code  
Perry GA 31069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crossroads Medical Management, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : C2414069**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Judith Dicker**

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillside Manor Rehab Center

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : C2410703**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Stanley Dicker**

Mailing Address 18215 Hillside Ave

City State Zip Code  
Jamaica NY 11432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillside Manor Rehab Center

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : C2410705**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joanne E Erickson**

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.44

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416695

Amount of Each Receipt this Period

95.24

\* Payroll Deduction: \$47.62 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Irene Fleshner**

Mailing Address 1688 Floyd Street

City

Sarasota

State

FL

Zip Code

34239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

08 / 30 / 2013

Transaction ID : C2416714

Amount of Each Receipt this Period

206.25

Full Name (Last, First, Middle Initial)

**C. James H. Gomez**

Mailing Address 2201 K St

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CA Association of Health Facilities

Occupation

CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 23 / 2013

Transaction ID : C2414078

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

551.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J. Griffith**

Mailing Address 1421 T Street, NW  
Apt. #1

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416696

Amount of Each Receipt this Period

34.80

\* Payroll Deduction: \$17.40 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Jennifer S Hahs**

Mailing Address 12423 Flint Street

City State Zip Code  
Overland Park KS 66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.72

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416697

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Dave Helmsin**

Mailing Address 6460 Orange Hill Lane

City State Zip Code  
Carmichael CA 95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Advocacy LLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416018

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

384.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robin L. Hillier**

Mailing Address 4433 Pebble Creek Ln

City State Zip Code  
 Long Grove IL 60047-5283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lake Point Rehab and Nursing Center

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : C2410263**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Genevieve Hillis**

Mailing Address 6767 N Industrial Rd

City State Zip Code  
 Milwaukee WI 53223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Direct Supply, Inc.

Occupation  
 Government Relations Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 15 / 2013

**Transaction ID : C2409497**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Robert Hillis**

Mailing Address 6767 N Industrial Rd

City State Zip Code  
 Milwaukee WI 53223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Direct Supply Inc.

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 15 / 2013

**Transaction ID : C2409496**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Jacobs**

Mailing Address 2145 Great Elm Lane

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline Industries Inc.

Occupation

Senior VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

08 / 13 / 2013

Transaction ID : C2405344

Amount of Each Receipt this Period

143.00

Full Name (Last, First, Middle Initial)

**B. Virginia Kessler**

Mailing Address 43 Market Street

City

Lewisburg

State

PA

Zip Code

17837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nottingham Village

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2013

Transaction ID : C2417232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tobey Koehler**

Mailing Address 5110 Greystone

City

Conway

State

AR

Zip Code

72034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reliance Health Care Management

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2013

Transaction ID : C2416712

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

893.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David A Kylo**

Mailing Address 4621 28th Road South

City  
Arlington

State Zip Code  
VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1299.98

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416698**

Amount of Each Receipt this Period

266.66

\* Payroll Deduction: \$133.33 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Theodore Lee**

Mailing Address 700 Hanover St

City  
Manchester

State Zip Code  
NH 03104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hanover Hill Health Care Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416020**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Maureen Marchant**

Mailing Address 3800 Gifford Road

City  
Bloomington

State Zip Code  
IN 47403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospitality House

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416021**

Amount of Each Receipt this Period

1100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1866.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bethany R Martino**

Mailing Address 8559 Window Latch Way

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.78

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2013

**Transaction ID : C2416700**

Amount of Each Receipt this Period

156.54

\* Payroll Deduction: \$78.27 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Jill Mendlen**

Mailing Address 6155 Cornerstone Center East  
Suite 220

City State Zip Code  
San Diego CA 92121-4737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LightBridge Hospice & Palliative Care

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : C2416716**

Amount of Each Receipt this Period

667.00

Full Name (Last, First, Middle Initial)

**C. Richard Mendlen**

Mailing Address 2151 Calle Poco

City State Zip Code  
San Diego CA 92019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kennon S. Shea & Associates

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : C2416717**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1323.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gregory Miller**

Mailing Address 11573 Stablewatch Court

City State Zip Code  
Cincinnati OH 45249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Management Group

Occupation  
Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 07 / 2013

Transaction ID : C2403572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Richard Miller**

Mailing Address 3201 Vista Verde Lane SW

City State Zip Code  
Tumwater WA 98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Health Care Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 01 / 2013

Transaction ID : C2401911

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Michael Morton**

Mailing Address 415 Rogers Avenue

City State Zip Code  
Fort Smith AR 72901-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Arkansas Nursing Centers

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416022

Amount of Each Receipt this Period

1875.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roberts T. Nelson**

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
Westlake Village CA 91362-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

08 / 15 / 2013

Transaction ID : C2409498

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Julie C Painter**

Mailing Address 5023 Waple Ln

City State Zip Code  
Alexandria VA 22304-7727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President of Constituency Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.36

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416701

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Mark V Parkinson**

Mailing Address 8930 Harvest Square Ct

City State Zip Code  
Potomac MD 20854-4475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416702

Amount of Each Receipt this Period

400.00

\* Payroll Deduction: \$200.00 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

1693.48

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Christopher Parks**

Mailing Address 1730 Truro Rd

City State Zip Code  
Crofton MD 21114-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Director of IT and Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.36

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416703**

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. Shelly Peterson**

Mailing Address 6420 Fox Meadow Dr

City State Zip Code  
Bismarck ND 58503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Dakota LTC Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416023**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Gail M. Polanski**

Mailing Address 5563 Coachman Street

City State Zip Code  
Hamburg NY 14075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tara Cares

Occupation  
SVP Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : C2414215**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

593.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Katherine Preede**

Mailing Address 1200 S Courthouse Road  
Apt 428

City State Zip Code  
Arlington VA 22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NCAL

Occupation

Director, Membership & Business Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416705

Amount of Each Receipt this Period

40.00

\* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. James T Romano**

Mailing Address 57 Summer Street

City State Zip Code  
Rowley MA 01969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essex Group Management

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2013

Transaction ID : C2413865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Karen Root**

Mailing Address 394 W 400 N

City State Zip Code  
Orem UT 84057-4663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mesa Vista

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2013

Transaction ID : C2416715

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

790.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 24 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Leonard Russ**

Mailing Address 40 Keogh Lane

City State Zip Code  
 New Rochelle NY 10805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayberry Health Care

Occupation

Skilled Nursing Facility Owner & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

08 / 06 / 2013

**Transaction ID : C2403364**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Greg Sarver**

Mailing Address 903 Center St

City State Zip Code  
 Lafayette LA 70501-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amelia Manor Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416024**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**c. Jeff Schade**

Mailing Address 5503 Pondview Drive

City State Zip Code  
 Midland MI 48640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Peplinski Group Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : C2415967**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Scharfenberger**

Mailing Address 7265 Kenwood Road  
# 300

City State Zip Code  
Cincinnati OH 45236-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nursing Care Management

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.75

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416025

Amount of Each Receipt this Period

137.25

Full Name (Last, First, Middle Initial)

**B. Shawn Scott**

Mailing Address One Medline Place

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline

Occupation

Senior VP HC Corporate Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 20 / 2013

Transaction ID : C2410261

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Stuart H. Shapiro**

Mailing Address 315 North 2nd Street

City State Zip Code  
Harrisburg PA 17101-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Health Care Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2013

Transaction ID : C2409494

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1387.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mark Sheridan**

Mailing Address 1131 SE 4th St

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Rule Charters LLC

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : C2416690

Amount of Each Receipt this Period

755.00

Full Name (Last, First, Middle Initial)

**B. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : C2416708

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Elise Smith**

Mailing Address 2022 Columbia Rd NW

City

Washington

State

DC

Zip Code

20009-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

VP Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : C2416709

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: \$50.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

941.96

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 39  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald Smith**

Mailing Address One Medline Pl

City  
Mundelein

State  
IL

Zip Code  
60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medline Industries Inc.

Occupation  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

08 / 27 / 2013

**Transaction ID : C2416026**

Amount of Each Receipt this Period

101.00

Full Name (Last, First, Middle Initial)

**B. Suzanne Smith**

Mailing Address 3721 Lakeside Dr

City  
Shreveport

State  
LA

Zip Code  
71119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Magnolia Manor Nursing & Rehab Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2013

**Transaction ID : C2409511**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ted Smith**

Mailing Address 7 Elam Court

City  
Durham

State  
NC

Zip Code  
27705-4820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillcrest NC

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : C2413986**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

851.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James R. Westbury Sr.**

Mailing Address 922 McDonough Rd

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westbury Medical Care Home Inc

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

08 / 20 / 2013

Transaction ID : C2410708

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Arnold Whitman**

Mailing Address 1975 Drummond Pond Road

City

Alpharetta

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Formation Capital

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416028

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Christine Wilson**

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA

Occupation

Sr. Manager, Business Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.36

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416710

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5318.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Wylie**

Mailing Address 205 Fairview Road

City

Clarks Green

State

PA

Zip Code

18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis Healthcare

Occupation

VP Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 20 / 2013

Transaction ID : C2410262

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. LAG Associates LP Managers**

Mailing Address 8028 Ritchie Hwy  
Ste 210

City

Pasadena

State

MD

Zip Code

21122-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416680

Amount of Each Receipt this Period

1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**C. Gary Attman**

Mailing Address 8028 Ritchie Highway

City

Pasadena

State

MD

Zip Code

21122-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAG Associates LP Managers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416681

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Harmony House LLC**

Mailing Address PO Box 829

City State Zip Code  
 Brewster WA 98812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416682

Amount of Each Receipt this Period

83.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **B. Jerry R. Tretwold**

Mailing Address PO Box 829

City State Zip Code  
 Brewster WA 98812-0829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Harmony House Health Care Center

Occupation  
 Owner/ Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416683

Amount of Each Receipt this Period

83.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. Weisman Associates LLC**

Mailing Address 5310 NW 33rd Ave  
 Ste 211

City State Zip Code  
 Fort Lauderdale FL 33309-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 27 / 2013

Transaction ID : C2416691

Amount of Each Receipt this Period

1250.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1333.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Debi Weisman**

Mailing Address 5310 NW 33rd Ave

City

Fort Lauderdale

State

FL

Zip Code

33309-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weisman Associates LLC

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : C2416692

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

66416.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. GHC Ancillary Corporation Political Action Committee**

Mailing Address 101 E State St

City State Zip Code  
 Kennett Square PA 19348-3109

FEC ID number of contributing  
federal political committee.

**C** C00292094

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**08 / 27 / 2013**

**Transaction ID : C2416687**

Amount of Each Receipt this Period

2500.00

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 09 2013

Transaction ID : D148136

Amount of Each Disbursement this Period

15.75

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 12 2013

Transaction ID : D148137

Amount of Each Disbursement this Period

39.38

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 16 2013

Transaction ID : D148138

Amount of Each Disbursement this Period

189.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

244.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

4.50

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Percentage of people who have ever been in a romantic relationship

129.94

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

277.50

411.94

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BB&T**Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 21 / 2013

Transaction ID : D148133

Amount of Each Disbursement this Period

85.82

Full Name (Last, First, Middle Initial)

**B. BB&T**Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 21 / 2013

Transaction ID : D148134

Amount of Each Disbursement this Period

317.39

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

403.21

TOTAL This Period (last page this line number only)..... ►

1059.28

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BLUE HEN PAC**

Mailing Address PO BOX 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2013

Transaction ID : D148012

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILL OWENS FOR CONGRESS**

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Bill Owens

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 21

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

Transaction ID : D147856

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. BILL OWENS FOR CONGRESS**

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Bill Owens

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 21

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2013

Transaction ID : D148017

Amount of Each Disbursement this Period

1500.00
---------

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CATHY MCMORRIS RODGERS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

**Transaction ID : D147855**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Cathy McMorris Rodgers**Category/  
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

Mailing Address PO BOX 6545

City	State	Zip Code
VISALIA	CA	93290

**Transaction ID : D147857**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Devin Nunes**Category/  
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 22

Full Name (Last, First, Middle Initial)

**C. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048

**Transaction ID : D147854**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Henry A. Waxman**Category/  
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 33

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JIM RENACCI FOR CONGRESS**

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James B. Renacci**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2013

**Transaction ID : D148013**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 2308086 South Yale

City	State	Zip Code
TULSA	OK	74136

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jim Bridenstine**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

**Transaction ID : D147998**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : D147859**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF TODD YOUNG, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2013

Mailing Address PO BOX 1053

City	State	Zip Code
BLOOMINGTON	IN	47402

**Transaction ID : D148011**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Todd Young**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2013

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

**Transaction ID : D148014**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Thomas Edmunds Price**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Full Name (Last, First, Middle Initial)

**C. ALASKANS FOR BEGICH 2014**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2013

Mailing Address PO BOX 410

City	State	Zip Code
PALMER	AK	99645

**Transaction ID : D148010**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Sen. Mark Begich**Category/  
Type

2500.00
---------

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AK District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
29000.00